

**City of Cambridge Community Development Department**

344 Broadway, Cambridge, MA 02139

Attn: PTDM Planning Officer

Tel: (617) 349-4673 Fax: (617) 349-4633 TTY: (617) 349-4621

Email: [ptdm@cambridgema.gov](mailto:ptdm@cambridgema.gov) <http://www.cambridgema.gov/~CDD/et/tdm/index.html>

**Parking and Transportation Demand  
Management Small Project Plan**

**If project has a total (existing plus new) of 19 or fewer parking spaces, please attach Interdepartmental Parking Facility Approval form and provide the following information:**

**Property Owner:**

**Facility Address:**

**Contact Name :**

**Phone:**  **Fax:**  **Email:**

**Number of Spaces Requested:**

**Select at least three (3) Transportation Demand Management / Trip Reduction Measures:**

Measure	Details
<input type="checkbox"/> <b>MBTA pass subsidy (Must be at least 50%)</b>	Amount of monthly subsidy:
<input type="checkbox"/> <b>Charge drivers directly for cost of auto parking</b>	Cost of parking charged directly to driver: Percentage of full cost:
<input type="checkbox"/> <b>Subsidy for other modes</b>	Amount of monthly subsidy (indicate mode):
<input type="checkbox"/> <b>Shuttle service to nearby MBTA station</b>	Station(s) served: Peak frequency:
<input type="checkbox"/> <b>Reserved carpool parking program</b>	Attach parking plan and application form for use of reserved spaces.
<input type="checkbox"/> <b>Reduced rates for carpool parking</b>	Cost of monthly parking for a carpool: Attach application needed to qualify for reduced rates.
<input type="checkbox"/> <b>Bicycle racks</b>	Should accommodate at least 2 bicycles.
<input type="checkbox"/> <b>Other measures (attach additional details)</b>	

**OWNER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR PTDM PLANNING OFFICER USE ONLY**

☐ **APPROVED** ☐ **APPROVED WITH CONDITIONS (SEE ATTACHED)** ☐ **DENIED**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_